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ABSTRACT

Discussed are various views toward sexuality and their effect on programs of sex education for handicapped children. Views ranging from repression of sexuality except for reproduction to an emphasis on pleasure are covered. The author supports an approach to sex education that concentrates on students discovering how they think and feel about sex issues. Guidelines for this approach (such as allowing students to talk about sexual matters using dirty words) are offered. Stressed is the need for teachers prepared to teach a sex education curriculum which focuses upon decision making, growth and development, and interaction needs of all students. (DB)

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SEX EDUCATION FOR HANDICAPPED STUDENTS*

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In discussing sex education for the handicapped, it is important to emphasize the variety of views toward sexuality in our society. Today there are more different attitudes about sexual behavior than ever before in history. Whereas in the past, attempts to regulate behavior and attitude often came from institutions such as the church or the government, contemporary society is characterized by many different points of view on almost any sex-related issue. Underlying these sexual attitudes and behaviors, and serving as the foundation for their development, are individual belief systems about the role of sexuality in one's life. Since the church, rulers, regulations, etc. no longer play as significant a role in the determination of one's sexual belief system, factors such as media, peers, and parents become more prominent in the formation of individual beliefs.

Therefore, it will be pertinent to consider a few of the many sexual belief systems that students are exposed to as their own beliefs evolve and become a part of them. I would like to describe just three sexual belief systems that represent very different views of sexuality. There are probably not many individuals who could fit perfectly into each of these because most of us are a mixture of more than one belief system.

If we can assume a continuum of several belief systems with extremes at opposite ends and these three belief systems are located on the extreme right, center, and extreme left, then we can visualize the possibility of an infinite number of belief systems. Identifying these specific beliefs is not an attempt to categorize people (for everyone is an exception) but rather to create a frame

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of reference for better understanding the diverse views toward sexuality held simultaneously in our culture. The analysis of belief systems is crucial for teachers planning to deal with sex education since they must be able to help students understand the different sexual attitudes and behaviors presented to them by peers, media, and parents. It also provides a structure for the teacher to determine where he/she is on the continuum and how/when that point was arrived at during his/her development. Furthermore the labels of "good," "bad," "right" and "wrong" are not applicable with belief systems and it is helpful in presenting a sex education program that those responsible for instruction not feel their belief system is best for others.

At one end of the continuum is a belief system that is the most traditional in our culture and therefore the one most of us have been exposed to in some way. This system of beliefs is founded upon an assumption that sexuality does not exist as a part of each individual's total make-up. Accordingly, the reason for genitals and sexual intercourse is for reproduction. In its most extreme form, the system would interpret overt sexual behavior or "liberal" attitudes toward sexuality as being abnormal and in many cases, such as homosexuality and masturbation, classify them as outright pathologies. This belief system was expanded upon and promoted at the turn of the century by the writings of Graham (of Graham crackers) and Kellogg (of corn flake fame). It served as a major building stone for the medical model as applied to sexual behavior and for the development of laws to legally regulate sexual behavior that still exists in many states.

At the other end of the continuum is a belief system emphasizing pleasure from sexual activity. Sexuality is acknowledged as an important part of each person and should be used for recreation and enjoyment. Practiced to an extreme degree, the individual would focus upon the orgasmic experience through whatever means possible except for physical injury to another person. Although genital orgasm may be a common goal for those holding this system, mutual cooperation

and enjoyment with other(s) is generally accepted as an important consideration. A tendency to avoid emotional involvement has also been associated with this belief system. The recent availability of effective contraceptive methods has supported the advancement of this system since individuals can now engage in a variety of sexual activities for pleasure with no fear of pregnancy. Certainly, many of the messages presented in movies, TV, magazines, etc. portray sexual behaviors and attitudes representative of this belief system.

There is a sexual belief system located in the middle area of the continuum that places primary consideration for sexual attitudes and behaviors upon the effect they have in a relationship. Therefore, it focuses on individuals and tends to evaluate each possible situation separately from previous ones. Characteristic of this system, rules and regulations are not accepted without question. In the decision-making process, practitioners of this set of beliefs attempt to adopt patterns conducive to the personal growth of those affected. That is, a sexual activity may be growth-promoting for both individuals in a particular relationship but have a negative effect on another couple because the childhood experiences varied significantly among the involved individuals. This belief system is generally stereotyped as liberal but could, in practice, be very conservative for specific situations and certain relationships. It is attractive and superficially adopted by many who come to find that this system requires considerable understanding of one's self as well as others in the process of developing and maintaining a strong relationship.

There are many different approaches to sex education one could use with handicapped children and adolescents. One approach commonly used with many schools, especially for the handicapped, is to have no sex education anywhere in the curriculum. This approach is a logical extension of the first belief system which concludes that since sexuality does not exist, a planned curriculum would

be similar to a plan for bringing out pathologies. The popularity of this approach is declining in some areas because school personnel have recognized the need for structure to assist students in better understanding themselves. By accepting sexuality as an important component of each total person, contemporary educators consequently realize that many misconceptions, emotional hang-ups, and relationship problems of youth are possibly due to a lack of valid, scientifically accurate, reasonable approaches to sex education. That is, children and adolescents are bombarded with sex in the media, false information from peers, and parents who do not provide information or even logical guidelines. For the mentally handicapped youth or the physically handicapped youngster already suffering from body image-related problems, the confusion must be even greater. The no sex education approach with handicapped is probably also supported by subconscious attempts by adults to make the handicapped child neuter. By castrating the individual early in life, the very complex area of sexuality is removed as a potential problem for those responsible for the daily care and education of the child. Unfortunately, this subtle action takes away a vital part of the total individual. The child is quite logically led to conclude that sexual feelings and thoughts are inappropriate and that phenomenon such as sexual arousal via psychic or self-stimulation are indicative of some abnormality. After a sufficient period of time, the result shows up as an individual afraid of his/her own body, controlled by guilt feelings, unable to express accumulated anxieties, and suffering from almost complete lack of valid information on what is happening. Even though this may appear to be a pretty gloomy picture of the sexual development of a person, I suspect it occurs too often in all regions of the country.

Another approach to sex education often incorporated into a formal school and/or counseling program is one that acknowledges the value of sexuality but

attempts to associate it with love. Accordingly, any sexual activity should be directed toward the encouragement and maintenance of a loving relationship. It is not uncommon for this approach to "glorify the splendor" of sex and make sexual activity much more than it might actually be. The approach is an overzealous attempt to get away from the "plumbing" and reproduction view of sex education. However, it becomes very difficult to explain masturbation in this frame of reference. It also has the potential of creating expectations for sexual activities which can never be fulfilled by any human, leading to further future problems. The approach is often practiced by well-meaning teachers and counselors who recognize the symbiotic connection between love and sexuality and want to see adolescents understand this. Traditionally, the emphasis upon the necessity of love before sex has been directed primarily toward females. We have seen the effects of the approach in action in remembering instances of individuals, especially adolescent females, purposively creating a false love relationship in order to rationalize sexual fantasies and/or sexual activities with another individual. Perhaps the most significant disadvantage of the approach with students, including mentally and/or physically handicapped, is that it creates a model of perfection for individuals to strive toward but fails to recognize the possibility of sexual activity without love.

Many people, including school administrators, teachers, and parents feel that sex education is not an area of responsibility for the schools, although they see sexuality as real and important for students. They support an approach which states that the student is responsible for his/her understanding of sexuality. Therefore, the student should listen to peers, find and study related reading and illustrated materials, attend community or church sex education efforts, and get help from parents. Underlying this view of sex education is an assumption that the way the previous generation learned about sex is good enough for the present youth. Obviously the approach is generally inappropriate for

handicapped individuals, but is often used as a means of avoiding sex education. It does have the advantage of being potentially less harmful than a sex education curriculum carried out by inadequately prepared teachers.

Finally, there is another major approach to sex education that concentrates on students discovering how they think and feel about sex issues. The focus is also upon developing an understanding of the role of sexuality in their individual lives. The approach utilizes scientifically accurate information organized and presented in a way meaningful to the particular age group. Activities and discussions are included to provide opportunities for students to learn from each other. One major advantage of the approach is that it is directed toward individuals and their personal growth rather than some preconceived value or dogma, whether liberal or conservative in nature. It is potentially very beneficial for handicapped students since emphasis is placed upon emotional growth, human relations, and differences among people. Personally, I favor this approach because it appears to offer students the greatest opportunity to discover more "truths" about themselves than any of the previously mentioned approaches. It requires a well-prepared teacher with special qualities conducive to an open, straightforward, trusting environment. The teacher must first of all be knowledgable and communicative on biological aspects, sociological and psychological research, logic, child and adolescent development, and group interaction techniques. Another essential characteristic is that the teacher understands his/her own sexuality and feels comfortable with it. For example, students quickly recognize uneasiness with a topic whether verbal or nonverbal and avoid bringing up certain sensitive, but important, subjects. Similarly, by encouraging, clarifying, and accurately answering questions on biological and research subjects, the teacher causes students to trust him/her as one source of valid information. The following are a few pertinent points to keep in mind when teaching about sexuality with almost any age groups:

1) Listen carefully to comments and question and seek out details before assuming more than you actually know. Details allow for clearer understanding by other students.

2) Be prepared for descriptions of activities and/or situations completely different from any experience you have ever had or heard about. The teacher needs to be sensitive enough to recognize the concern students have about whether or not their behaviors or thoughts are "normal."

3) Many students want to talk openly about sexual matters when given the opportunity for some guidance, but can only do so with a vocabulary of "dirty words." In response to these words, the teacher should be desensitized enough to avoid getting hung up on the words and losing the gist of the student's comment or question.

4) Humor can be a universal technique to improve class procedures. However, humor should not be directed toward the body. Adolescents, especially, are extremely concerned about their body appearance and, therefore, very susceptible to being hurt by an unintentional statement. Much of the anxiety over physical developmental changes can be dealt with through structured discussions and lectures on adolescent growth.

There are obviously many other aspects involved in instruction on sexuality. Generally, the identification of teachers should be based upon an estimation of their potential to develop the previously described characteristics. Once the teachers have been designated, they should receive academic preparation equivalent to a minimum of two semester courses. The first course should be designed for the participants in a way to give them appropriate factual and conceptual backgrounds as well as cause them to study their own sexuality. The course need not be only for teachers but preferably include a variety of professions, interests, ages, etc. The second course, then, should be just for school teachers

and other school personnel to concentrate on the implementation of a sex education program.

Failure to have adequately prepared teachers is probably the major problem confronting sex education in the public schools, including those for handicapped children. Surveys continue to indicate that parents would support sex education in the schools, but, quite reasonably, they are mostly concerned about the preparation of teachers.

In summary, there is a need for well-organized programs of sex education for handicapped students at all grade levels. This paper has discussed a variety of views toward sexuality and how they may influence the approach to sex education. An empahsis has been placed upon the development of programs directed to the needs of students. The sex education curriculum should focus upon decision-making, growth and development, and interaction needs of all students. Finally, the preparation of teachers was identified as the most significant factor influencing the effectiveness of the program.